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PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing  
OR  
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	64995-013
First Named Inventor	DAVID R. GOLDMANN THOMSON M. KUHN
COMPLETE IF KNOWN	
Application Number	10 / 060,062
Filing Date	01/29/02
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HIERARCHICAL NETWORK SYSTEM FOR DISSEMINATING MEDICAL,  
DRUG AND DIAGNOSTIC INFORMATION AND GUIDANCE

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

01/29/02

as United States Application Number or PCT International

Application Number 10/060,062

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

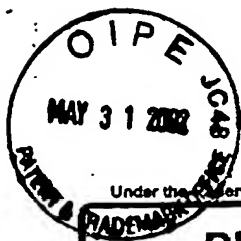
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 385(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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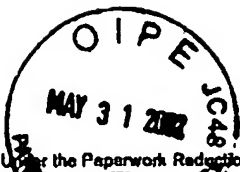
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname			
David R.			Goldmann			
Inventor's Signature			David R. Goldmann			Date 05/06/02
Residence: City		Wynnewood		State	PA	Country USA
Citizenship		USA				
Mailing Address 224 Almur Lane						
City		Wynnewood		State	PA	Country
ZIP		19096		Country		
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname			
Thomson M.			Kuhn			
Inventor's Signature						Date
Residence: City		Alexandria		State	VA	Country USA
Citizenship		USA				
Mailing Address 5906 Bond Court						
City		Alexandria		State	VA	Country
ZIP		22315		Country		
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						



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Attorney Docket Number 64995-013  
First Named Inventor DAVID R. GOLDMANN  
THOMSON M. KUHN

**COMPLETE IF KNOWN**

Application Number 10 / 060,062  
Filing Date 01/29/02  
Group Art Unit  
Examiner Name

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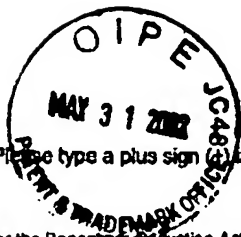
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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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[Page 1 of 2]

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/060,062
Filing Date	01/29/02
First Named Inventor	David R. Goldmann
Title	Thomson M. Kuhn
Group Art Unit	
Examiner Name	
Attorney Docket Number	64995-013

I hereby appoint:

☒ Practitioners at Customer Number

OR

☐ Practitioner(s) named below:

Name	Registration Number



as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Country				
Telephone		Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

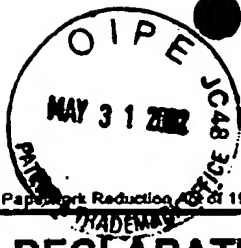
Name	Scott J. Fields, Esquire
Signature	
Date	5/16/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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\*HIERARCHICAL NETWORK SYSTEM FOR DISSEMINATING MEDICAL, DRUG AND  
DIAGNOSTIC INFORMATION AND GUIDANCE




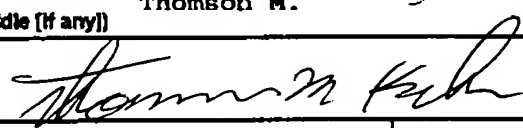
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		David R.		Family Name or Surname	
				Goldmann	
Inventor's Signature				Date	
Residence: City		State		Country	
Wynnewood		PA		USA	
Mailing Address		224 Almur Lane			
City		State		ZIP	
Wynnewood		PA		19096	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Thomson M.		Family Name or Surname	
				Kuhn	
Inventor's Signature				Date	
				5/8/2002	
Residence: City		State		Country	
Alexandria		VA		USA	
Mailing Address		5906 Bond Court			
City		State		ZIP	
Alexandria		VA		22315	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					